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Date: July __, 2004

Total pages: 9 (including coversheet)

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Our Docket No. YU 132

Client/Matter No. 078245/00045

Your Docket No.

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MESSAGE:**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Peter M. Glazer

Serial No.: 09/978,333

Art Unit: 1655

Filed: October 15, 2001

Examiner: Carla J. Myers

For: *TRIPLE-HELIX FORMING OLIGONUCLEOTIDES
FOR TARGETED MUTAGENESIS*

{150}M103.1}

PTO/SB/21 (08-03)

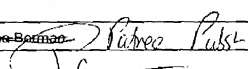
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/878,333
	Filing Date	October 15, 2001
	First Named Inventor	Peter M. Glazer
	Art Unit	1655
	Examiner Name	Carla J. Myers
	Attorney Docket Number	YU 132
Total Number of Pages in This Submission		9

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ Remarks _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or individual name Signature Date	Patrea L. Pabst Esq., Reg. No. 31,284 Pabst Patent Group LLP 400 Colony Square, Suite 1200, Atlanta, GA 30361 July 9, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name Signature	Ronnie Borman 	Date July 22 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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PTO/SR/17 (10-03)

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for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**Complete if Known**

Application Number	09/878,333
Filing Date	October 15, 2001
First Named Inventor	Peter M. Glazov
Examiner Name	Carla J. Myers
Art Unit	1655
Attorney Docket No.	YU 132

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number
Deposit Account Name

50-3129

Pabst Patent Group LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 500	2003 250	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$) 0**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims below	Fee Paid
17	25	0 X
1	3	0 X

Large Entity Fee Code (\$)

Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9 Claims in excess of 20
1201 86	2201 43 Independent claims in excess of 3
1203 290	2203 145 Multiple dependent claim, if not paid
1204 86	2204 43 Reissue independent claims over original patent
1205 18	2205 9 Reissue claims in excess of 20 over original patent

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater. For Reissue, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)

Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65 Surcharge - late filing fee or oath	
1052 50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130 Non-English specification	
1812 2,500	1812 2,500 For filing a request for ex parte reexamination	
1804 920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251 110	2251 55 Extension for reply within first month	
1232 420	2232 210 Extension for reply within second month	
1253 850	2253 425 Extension for reply within third month	
1254 1,480	2254 740 Extension for reply within fourth month	
1235 2,010	2235 1,005 Extension for reply within fifth month	
1401 330	2401 165 Notice of Appeal	
1402 330	2402 165 Filing a brief in support of an appeal	
1403 290	2403 145 Request for oral hearing	
1451 1,510	1451 1,510 Motion to institute a public use proceeding	
1452 110	2452 55 Petition to revive - unavoidable	
1453 1,330	2453 665 Petition to revive - unintentional	
1501 1,330	2501 665 Utility issue fee (or reissue)	
1502 480	2502 240 Design issue fee	
1503 640	2503 320 Plant issue fee	
1400 100	1400 130 Petitions to the Commissioner	
1807 50	1807 50 Processing fee under 37 CFR 1.17(g)	
1800 180	1800 180 Submission of Information Disclosure Sheet	
8021 40	8021 40 Recording each patent assignment per property (times number of properties)	
1809 770	2809 385 Filing a submission after final rejection (37 CFR 1.129a)(i)	
1810 770	2810 385 For each additional invention to be examined (37 CFR 1.129a)(ii)	
1801 770	2801 385 Request for Continued Examination (RCE)	
1802 900	1802 900 Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0**SUBMITTED BY**

Name (Print/Type) Patrea L. Pabst

Registration No. 31,284

(Complete if appropriate)

Telephone (404) 879-2151

Signature

Date July 17, 2004

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OFFICIALFor: *TRIPLE-HELIX FORMING OLIGONUCLEOTIDES FOR
TARGETED MUTAGENESIS*Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT**

Sir:

Responsive to the Office Action mailed on May 6, 2004, please consider the following remarks. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.

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Y1:112 (OCR 653)
07/24/04045